FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000037543 (1)

TSANZA ADVENTURES, INC.

Principal Place of Business

Mailing Address

10341 ORANGE CT.

10341 ORANGE CT.

FILED May 05 1997 8:00am Secretary of State



PEMBROKE PI	NES FL 33026	PEMBROKE PINES FL	33026-1704							
						3. Date Incorporated or Qualified 05/01/1996	3a. Da	te of La	st Report 196	
2. Principal P	lace of Business	2s. Mading Address				4. FEI Number 65-0675	777	0	Applied For Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							5 Additional	
22		27				5. Certificate of Status Desired			Required	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution			ed to Fees	
Zip	Country	Zφ [23]	Cour	ntry		8. This corporation has liability for it	ntangible Yes		er s. 199.032,	
24	25 9. Name and Address of Curre	nt Registered Agent	30			Florida Statutes 10. Name and Address of New Re				
	,	III riegistered Agent		81 1	Name	10. Name and Address of New No	gibtered ;	you		
UHU	JNG, JAVIER 41 Ora nge Ct.									
	IBROKE PINES FL 33026			82 3	Street Addr	Address (P.O. Box Number is Not Acceptable)				
LEW	MINAUF LINFO LF 00050		ţ	83						
					04.			Tag I	2:- O- 4:	
				84 (City		FL	85	?ip Code	
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change wa gations of, Section 607.0505,	as authori≵e∂ , Florida Stati	by thates.	ne corporat	oration submits this statement for the p ion's board of directors. I hereby accep	ot the app	ointmen	as registered	
	Signature, typed or printed name of registered ag	ocut and tice if applicable (I ND DTRECTORS		Agent	aupor orutargia	od when reinstating) ADD/TIONS/CHANGES TO OFFIC	DATE COC AND	DIDEO	CODC IN 10	
12. TITLE	DP OFFICERS AN	DELETE	13. 1.1 117	 I F		ADDITIONS/CHANGES TO OFFIC	ERS ANL	Char		
NAME	CHUNG, JAVIER		1.2 NA					L. J Oligi	de [7] vanna	
STREET ADDRESS	10341 ORANGE CT.			 RECT AD	IDRESS					
CITY-ST-ZIP	PEMBROKE PINES FL 33026			Y-\$1-2	· · · · · · · · · · · · · · · · · · ·					
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NAME			2.2 NA	ME						
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CITY-ST-ZIP				IY-S1-	ZIP					
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NAME			3.2 NA							
STREET ADDRESS				REET AC						
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NAME			4 2 N/						g	
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CITY-ST-ZIP	*****			Y-\$1-2	ZIP			.		
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NAME			6.2 NA							
STREET ADDRESS				REET AC	Ī					
CITY-ST-ZIP	l		6.4 CH	Y-\$1-2	ZIP					

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an articulament with an address